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Cahaba GBA Recovery Plan

Thanks to Gail Dugger, Blue Cross and Blue Shield of Alabama, for contributing this article on a call center's response to the MCS conversion. Other call centers may be able to take advantage of these "lessons learned."

The Georgia Medicare operation in Savannah was faced with many challenges after the conversion to the MCS for claims processing. Inquiry volumes increased nearly tenfold, and overall workload increased by 1,347 percent. To meet these challenges, we developed a plan of action that provided a temporary mechanism to get providers the information they needed, while preparing for a change in call flow to increase the availability of customer service representatives (CSRs) for providers with complex claim inquiries. The situation was magnified by the challenge of learning MCS and our need to fill vacancies in our existing staff. The outcome of our plan was that, within 5 months of taking action, our statistics were back to pre-MCS performance. The plan of action included the following:

1. Directing Claims Inquiries

Tracking and trending of call data indicated that approximately 85 percent of our call volume is claim status inquiries. Thus, our goal was to direct these calls to our interactive voice response (IVR) unit, allowing CSRs to handle more complex inquiries. We began this plan in August 2002, and set December 1, 2002, as the date on which providers would be required to use the IVR for claim status inquiries.

2. Staffing and Hours

Temporary employees were hired and trained to handle claim status inquiries until December 1. The telephone switch provided an option menu directing status calls to the designated staff. Telephone hours were extended 1 hour in the morning and 1 hour in the late afternoon to facilitate a more even distribution of the call volume throughout the day. Permanent CSR vacancies were filled, and these individuals were trained by seasoned CSRs during active call handling.

3. Equipment Upgrades

While the call center worked on these action steps, our technical support staff identified changes that needed to be made to our telephone equipment and IVR to ensure we had the capacity and functionality to require callers to use the IVR. We found it necessary to upgrade our telephone switch, to add telephone lines to ensure callers did not receive a busy signal, and to upgrade the capacity and functionality of the IVR to ensure short queue times as well as accurate, relevant claim information.

4. Provider Outreach

Finally, we began an intensive education campaign to ensure that all providers knew of the December 1 deadline and how to use the IVR to get claim status information. The campaign included newsletter articles, Web-site articles, and one-on-one conversations with providers about the approaching deadline, as well as education on the use of the IVR. We also identified our most frequent callers and encouraged them to call at less busy times of the day.

In Georgia to date, while the call volume on our provider inquiry line is still higher than it was prior to our conversion to MCS, we now have the status inquiries directed to the IVR and are fully staffed. Our service level has averaged above 95 percent per week, and in December 2002 our call completion rate averaged 97.62 percent per week. Our providers rarely receive a busy signal when trying to access our call center.

For additional information on the Cahaba GBA recovery plan from MCS conversion, please contact Gail Dugger, Blue Cross and Blue Shield of Alabama, gdugger@bcbsal.org